



## **System Requirements Specification**

### **Hospital Compare Downloadable Database Data Dictionary**

**Centers for Medicare & Medicaid Services**

**<https://data.medicare.gov/data/hospital-compare>**

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## Document Purpose

The purpose of this document is to identify the requirements for maintenance and support of the Hospital Compare Downloadable Databases, which can be found by clicking the following link: <https://data.medicare.gov>.

## Background

Hospital Compare was created as a result of the Hospital Quality Initiative through the efforts of the Centers for Medicare and Medicaid Services (CMS) and the Hospital Quality Alliance (HQA). The HQA was a public-private collaboration established in December 2002 to promote data collection and public reporting on hospital quality of care. The HQA consisted of organizations that represented consumers, payers, hospitals, clinicians, accrediting organizations, federal agencies, and other stakeholders. The HQA effort was intended to help consumers make informed health care decisions and to support efforts to improve quality in U.S. hospitals. The HQA disbanded in December 2011, and CMS currently maintains the Hospital Compare Web site.

Hospital Compare is a tool that provides valid, credible, and user-friendly information about the quality of care delivered in the nation's acute care, critical access, VA, and Children's hospitals. This information can help consumers make informed decisions about health care. Hospital Compare allows consumers to select multiple hospitals and directly compare performance measure information related to acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), surgery, and other conditions. See [Appendix A](#) for a full list of the Hospital Compare measures. These results are organized by:

- Patient Survey Results
- Timely and Effective Care (Process of Care) measures
- Readmissions, Complications, and Deaths
- Use of Medical Imaging
- Medicare Payment
- Number of Medicare Patients Treated
- Linking Quality to Payment
  - Hospital Readmissions Reduction
  - Hospital Value-Based Purchasing

To access the Hospital Compare Web site, please visit [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare).

## Hospital Compare Measures Description/Background and Reporting Cycles

Data is collected in differing timeframes from the various quality measurement contractors. Below is a brief description of the collection process and report timing for each measure set.

Name	<b>Structural Measures</b>
Description/ Background	A Structural measure reflects the environment in which providers care for patients. Examples of Structural measures can be inpatient (participation in general surgery registry) or outpatient (tracking clinical results between visits). Hospitals submit Structural measure data using an online data entry tool made available to hospitals and their vendors.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	<b>Timely and Effective Care</b>
Description/ Background	The measures of Timely and Effective Care measure the percentage of hospital patients who receive treatments known to get the best results for certain common, serious medical conditions or surgical procedures, and how quickly hospitals treat patients who come to the hospital with certain medical emergencies. The measures only apply to patients for whom the recommended treatment would be appropriate. The measures of Timely and Effective Care apply to adults and children treated at hospitals paid under the Inpatient Prospective Payment System (IPPS) or the Outpatient Prospective Payment System (OPPS) or those that voluntarily report data on measures for whom the recommended treatments would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare patients.
Reporting Cycle	Collection period: generally 12 months. Refreshed quarterly, based on a rolling four quarters.

Name	<b>30-Day Mortality and Readmission Measures</b>
Description/ Background	The risk-standardized AMI, HF, and PN 30-Day Mortality and Readmission measures were developed by a team of clinical and statistical experts from Yale and Harvard universities, using a methodology that has been published in peer reviewed literature. The 30-Day Mortality and Readmission measures for AMI, HF, and PN are produced from Medicare claims and enrollment data. The measures comply with standards for publicly reported outcomes models set forth by the American Heart Association and the American College of Cardiology. CMS calculates hospital-specific 30-day mortality and readmission rates using Medicare claims and eligibility information as well as VA administrative information. Using administrative data makes it possible to calculate mortality and readmission rates without performing medical chart reviews or requiring hospitals to report additional information to CMS. To make comparisons between hospitals fair, calculation of the 30-Day Mortality and Readmission measures adjust for patient characteristics that may make death or readmission more likely, even if the hospital provided quality care—including the patient’s age, gender, past medical history, and other diseases or conditions (comorbidities) the patient had at hospital arrival that are known to increase the patient’s risk of dying or readmission.
Reporting Cycle	Collection period: 36 months. Refreshed annually.

Name	<b>AHRQ Patient Safety Indicators (PSIs)</b>
Description/ Background	The AHRQ PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS currently publicly reports six PSI measures.
Reporting Cycle	Collection period: 24 months. Refreshed annually.

<b>Name</b>	<b>Healthcare-Associated Infections (HAIs)</b>
Description/ Background	HAIs are among the leading causes of death in the United States. HAIs put the patient at risk for serious injury, morbidity, mortality, increase the days of hospitalization required for patients, and add to healthcare costs. HAIs are largely preventable using widely publicized guidelines and interventions, such as better hygiene and advanced scientifically tested techniques. HAI measure data are collected by the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN) tool. Hospitals must enroll and complete NHSN training to comply with CMS' IQR Program HAI requirements.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly, based on a rolling four quarters.

<b>Name</b>	<b>Outpatient Imaging Efficiency</b>
Description/ Background	CMS has adopted six measures which capture the quality of outpatient care in the area of imaging. CMS notes that the purpose of these measures is to promote high-quality efficient care. Each of the measures currently utilize both the Hospital OPPI claims and Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare fee-for-service population and no additional data submission is required by hospitals.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

<b>Name</b>	<b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey</b>
Description/ Background	The HCAHPS Patient Survey, also known as the CAHPS® Hospital Survey or Hospital CAHPS, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. The survey is administered to a random sample of adult inpatients after discharge. The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes. The new Care Transitions composite will be publicly reported in late 2014. See Appendix B for a full list of current HCAHPS Survey items and response options questions. More information about the HCAHPS Survey can be found on the official HCAHPS Web site: <a href="http://www.HCAHPSonline.org">www.HCAHPSonline.org</a> .
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

<b>Name</b>	<b>Number of Medicare Patients and Medicare Payment</b>
Description/ Background	The payment and volume information reflects inpatient hospital services provided by hospitals to Medicare beneficiaries. CMS has posted this information for the public to view the cost to the Medicare program of treating beneficiaries with certain illnesses in their community and the number of Medicare patients treated. Payment and volume information can provide users with a general overview of hospitals' experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment groups of patients who have similar clinical characteristics and similar costs. The median payment refers to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were lower and half the payments were higher than the median payment.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

<b>Name</b>	<b>Hospital Readmissions Reduction Program</b>
Description/ Background	In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions. Excess readmissions are measured using a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for AMI, HF, and PN by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. The calculations include only acute care hospitals paid under IPPS and Maryland hospitals.
Reporting Cycle	Collection period: 36 months. Refreshed annually.

<b>Name</b>	<b>Hospital Value-Based Purchasing (HVBP)</b>
Description/ Background	The HVBP program is part of CMS' long-standing effort to link Medicare's payment system to quality. The program implements value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country. Hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide. For the first FY of the HVBP Program, two domains will be used to assess hospital performance: 1) Patient Experience of Care and 2) Clinical Process of Care. The Patient Experience of Care domain is comprised of the HCAHPS Survey measures. The Clinical Process of Care domain is comprised of selected IQR Program's Process of Care measures from the AMI, HAI, HF, PN, and Surgical Care Improvement Project (SCIP) measure sets. A performance score and an improvement score are calculated for each measure, a domain score is then calculated for each of the two domains. The Total Performance Score (TPS) is calculated using the weighted domain scores. For FY 2013 the Clinical Process of Care domain score is weighted as 70 percent of the TPS, and the Patient Experience of Care domain is weighted as 30 percent of the TPS.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

<b>Name</b>	<b>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program</b>
Description/ Background	The IPFQR program is a pay-for-reporting program intended to provide consumers with quality of care information to make more informed decisions about health care options. To meet the IPFQR program requirements, Inpatient Psychiatric Facilities (IPFs) are required to submit all quality measures to CMS. The IPFQR program measures allow consumers to find and compare the quality of care given at psychiatric facilities where patients are admitted as inpatients. Inpatient psychiatric facilities are required to report data on these measures. Facilities that are eligible for this program may have their Medicare payments reduced if they do not report.
Reporting Cycle	Collection period: 6 months. Refreshed annually.

## Data Collection Period Information

The Downloadable Databases are refreshed within 24 hours of the Hospital Compare data update as indicated in the bottom left corner of the Hospital Compare home page. For more information, there is a file that provides the measurement dates for each of the measure types being reported in that file. A sample of the measurement date file is shown below:

Measure Code	Measure Start Quarter	Measure Start Date	Measure End Quarter	Measure End Date
AMI-10	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-2	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-7a	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-8a	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-1	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-2	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-3	2Q2011	4/1/2011	1Q2012	3/31/2012
Composite 6 (Q19 & Q20)	2Q2011	4/1/2011	1Q2012	3/31/2012
ED-1b	1Q2012	1/1/2012	1Q2012	3/31/2012
ED-2b	1Q2012	1/1/2012	1Q2012	3/31/2012
HAC-1	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-2	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-3	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-4	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-5	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-6	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-7	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-8	3Q2009	7/1/2009	2Q2011	6/30/2011
SCIP-VTE-2	2Q2011	4/1/2011	1Q2012	3/31/2012

## Data File Summary

The table below shows the titles of the Access tables and CSV Revised file names.<sup>1</sup>

MSAccess file name: <b>Hospital.zip</b>	CSV Revised file name: <b>Hospital_revised_flatfiles.zip</b>
Hospital.pdf	Hospital.pdf
readme.txt	readme.txt
Access Table Names	CSV Revised Data File Names (.csv)
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL.csv
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.csv
HQI_FTNT	Footnote Crosswalk.csv
HQI_HOSP	Hospital General Information.csv
HQI_HOSP_HAI	Healthcare Associated Infections - Hospital.csv
HQI_HOSP_HCAHPS	HCAHPS - Hospital.csv
HQI_HOSP_IMG	Outpatient Imaging Efficiency - Hospital.csv
HQI_HOSP_MV	Medicare Volume - Hospital.csv
HQI_HOSP_ReadmCompDeath	Readmissions Complications and Deaths - Hospital.csv
HQI_HOSP_SPP	Medicare Hospital Spending per Patient - Hospital.csv
HQI_HOSP_STRUCTURAL	Structural Measures - Hospital.csv
HQI_HOSP_TimelyEffectiveCare	Timely and Effective Care - Hospital.csv
HQI_NATIONAL_HAI	Healthcare Associated Infections - National.csv
HQI_NATIONAL_HCAHPS	HCAHPS - National.csv
HQI_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency - National.csv
HQI_NATIONAL_MV	Medicare Volume - National.csv
HQI_NATIONAL_ReadmCompDeath	Readmissions Complications and Deaths - National.csv
HQI_NATIONAL_SPP	Medicare Hospital Spending per Patient - National.csv
HQI_NATIONAL_TimelyEffectiveCare	Timely and Effective Care - National.csv
HQI_OP_Procedure_Volume	Outpatient Procedures - Volume.csv
HQI_STATE_HAI	Healthcare Associated Infections - State.csv
HQI_STATE_HCAHPS	HCAHPS - State.csv
HQI_STATE_IMG_AVG	Outpatient Imaging Efficiency - State.csv
HQI_STATE_MV	Medicare Volume - State.csv
HQI_STATE_ReadmCompDeath	Readmissions Complications and Deaths - State.csv
HQI_STATE_SPP	Medicare Hospital Spending per Patient - State.csv
HQI_STATE_TimelyEffectiveCare	Timely and Effective Care - State.csv
Hvbp_ami_02_25_2014	hvpb_ami_02_25_2014.csv
Hvbp_hai_02_25_2014	hvpb_hai_02_25_2014.csv
Hvbp_hcahps_02_25_2014	hvpb_hcahps_02_25_2014.csv
Hvbp_hf_02_25_2014	hvpb_hf_02_25_2014.csv
Hvbp_outcome_02_25_2014	hvpb_outcome_02_25_2014.csv
Hvbp_pn_02_25_2014	hvpb_pn_02_25_2014.csv
Hvbp_quarters	hvpb_quarters.csv
Hvbp_scip_02_25_2014	hvpb_scip_02_25_2014.csv
Hvbp_tps_02_25_2014	hvpb_tps_02_25_2014.csv
Measure_Dates	Measure Dates.csv

<sup>1</sup>Please note the Revised CSV Flat File names should mirror Data.Medicare.gov.

MSAccess file name: <b>Hospital.zip</b>	CSV Revised file name: <b>Hospital_revised_flatfiles.zip</b>
Hospital.pdf	Hospital.pdf
readme.txt	readme.txt
<b>Access Table Names</b>	<b>CSV Revised Data File Names (.csv)</b>
Medicare Hospital Spending by Claim	Medicare Hospital Spending by Claim.csv
vwHQR_READM_REDUCTION	READMISSION REDUCTION.csv

## Access Downloadable File Contents

When looking at the Access table, the following acronyms tell the type of data reported in a given table.

<b>Acronym</b>	<b>Meaning</b>
FTNT	Footnote
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
IMG	Imaging
IMM	Immunizations
MSR	Measure
READM	Readmissions
MPV	Medicare Payments and Volume
SPP	Spending Per Patient

## Access and CSV Revised Flat Files Data Content Summary

Access Note: Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided.

CSV Revised Flat Files Note: Opening CSV files in Excel will remove leading zeros from data fields. Since some data, such as provider numbers, contain leading zeros, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided. Please note, the Revised CSV Flat File column names and file names should mirror Data.Medicare.gov.

Table Name <i>(Back to Table Listing)</i>	Access	CSV
	HQI_FTNT	Footnote Crosswalk.csv
Description	Look up table for footnote text in various data files	
DDB Data Type	Column Name – Access	Column Name - CSV
Text (255)	Footnote	Footnote
Memo	Footnote Text	Footnote Text

Table Name <i>(Back to Table Listing)</i>	Access	CSV
	HQI_HOSP	Hospital General Information.csv
Description	General information on hospitals within the dataset	
DDB Data Type	Column Name – Access	Column Name - CSV
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo	Address	Address
Memo	City	City
Text(2)	State	State
Text(5)	ZIP Code	ZIP Code
Text(25)	County Name	County Name
Text(10)	Phone Number	Phone Number
Text(50)	Hospital Type	Hospital Type
Text(100)	Hospital Ownership	Hospital Ownership
Text(50)	Emergency Services	Emergency Services

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_HCAHPS	HCAHPS - Hospital.csv
<b>Description</b>	HCAHPS measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Question	HCAHPS Question
Memo	HCAHPS Answer Description	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Number of Completed Surveys	Number of Completed Surveys
Memo	Survey Response Rate Percent	Survey Response Rate Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_IMG	Outpatient Imaging Efficiency - Hospital.csv
<b>Description</b>	Outpatient Imaging Efficiency measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_ReadmCompDeath	Readmissions Complications and Deaths – Hospital.csv
<b>Description</b>	30-Day Mortality and Readmission measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Compared to National	Compared to National
Memo	Denominator	Denominator
Memo	Score	Score
Memo	Lower Estimate	Lower Estimate
Memo	Higher Estimate	Higher Estimate
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_MV	Medicare Volume – Hospital.csv
<b>Description</b>	Medicare Volume measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(50)		Diagnosis Related Group
Text(50)	Diagnosis Related Group ID	
Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_TimelyEffectiveCare	Timely and Effective Care – Hospital.csv
<b>Description</b>	Process of care measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Text(35)	Condition	Condition
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Text(50)	Sample	Sample
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_STRUCTURAL	Structural Measures – Hospital.csv
<b>Description</b>	Structural measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	Provider ID	Provider ID
Memo	Hospital Name	Hospital Name
Memo		Address
Memo		City
Text(2)	State	State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Measure Response	Measure Response
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_STATE_TimelyEffectiveCare	Timely and Effective Care – State.csv
<b>Description</b>	Process of care measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Text(35)	Condition	Condition
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_TimelyEffectiveCare	Timely and Effective Care – National.csv
<b>Description</b>	Process of care measures national-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Text(35)	Condition	Condition
Memo	Category	Category
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_STATE_HCAHPS	HCAHPS – State.csv
<b>Description</b>	HCAHPS measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Memo	HCAHPS Question	HCAHPS Question
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Answer Description	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	<b>CSV</b>
	HQI_STATE_IMG_AVG	Outpatient Imaging Efficiency – State.csv
<b>Description</b>	Outpatient Imaging Efficiency measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	<b>CSV</b>
	HQI_STATE_ReadmCompDeath	Readmissions Complications and Deaths – State.csv
<b>Description</b>	30-Day Mortality and Readmission measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Number of Hospitals Worse	Number of Hospitals Worse
Memo	Number of Hospitals Same	Number of Hospitals Same
Memo	Number of Hospitals Better	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Number of Hospitals Too Few
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_ReadmCompDeath	Readmissions Complications and Deaths – National.csv
<b>Description</b>	30-Day Mortality and Readmission measures national results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	National Rate	National Rate
Memo	Number of Hospitals Worse	Number of Hospitals Worse
Memo	Number of Hospitals Same	Number of Hospitals Same
Memo	Number of Hospitals Better	Number of Hospitals Better
Memo	Number of Hospitals Too Few	Number of Hospitals Too Few
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_STATE_MV	Medicare Volume – State.csv
<b>Description</b>	Medicare Volume measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Memo		Diagnosis Related Group
Text(50)	Diagnosis Related Group ID	
Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_OP_Procedure_Volume	Outpatient Procedures – Volume.csv
<b>Description</b>	Hospital Outpatient Surgical Procedures Volume measure	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider ID	Provider ID
Text(255)	Hospital Name	Hospital Name
Text(255)	Measure ID	Measure ID
Text(255)	Gastrointestinal	Gastrointestinal
Text(255)	Eye	Eye
Text(255)	Nervous System	Nervous System
Text(255)	Musculoskeletal	Musculoskeletal
Text(255)	Skin	Skin
Text(255)	Genitourinary	Genitourinary
Text(255)	Cardiovascular	Cardiovascular
Text(255)	Measure Start Date	Measure Start Date
Text(255)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_HCAHPS	HCAHPS – National.csv
<b>Description</b>	HCAHPS measures national results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	HCAHPS Measure ID	HCAHPS Measure ID
Memo	HCAHPS Question	HCAHPS Question
Memo	HCAHPS Answer Description	HCAHPS Answer Description
Memo	HCAHPS Answer Percent	HCAHPS Answer Percent
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency – National.csv
<b>Description</b>	Outpatient Imaging Efficiency measures national results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	Measure ID	Measure ID
Memo	Measure Name	Measure Name
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_MV	Medicare Volume – National.csv
<b>Description</b>	Medicare Volume measures national results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	Diagnosis Related Group ID	
Memo		Diagnosis Related Group
Memo	Diagnosis Related Group Name	
Memo	Denominator	Denominator
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Measure_Dates	Measure Dates.csv
<b>Description</b>	Current collection dates for measures included in the Downloadable Database	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Memo	Measures_Name	Measure Name
Text(50)	Mesasure_ID	Measure ID
Text(255)	Measure_Start_Quarter	Measure Start Quarter
Date/Time	Measure_Start_Date	Measure Start Date
Text(50)	Measure_End_Quarter	Measure End Quarter
Date/Time	Measure_End_Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_STATE_HAI	Healthcare Associated Infections – State.csv
<b>Description</b>	Healthcare-Associated Infections measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_HAI	Healthcare Associated Infections – Hospital.csv
<b>Description</b>	Healthcare-Associated Infections measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo		Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Compared to National	Compared to National
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_HAI	Healthcare Associated Infections – National.csv
<b>Description</b>	Healthcare-Associated Infections measures national-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Memo	Measure Name	Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Text(50)	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_HOSP_SPP	Medicare Hospital Spending per Patient – Hospital.csv
<b>Description</b>	Medicare Spending Per Patient measure hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(6)	Provider ID	Provider ID
Memo		Hospital Name
Memo		Address
Memo		City
Text(50)		State
Text(5)		ZIP Code
Text(25)		County Name
Text(10)		Phone Number
Memo		Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_STATE_SPP	Medicare Hospital Spending per Patient – State.csv
<b>Description</b>	Medicare Spending Per Patient measure state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(50)	State	State
Memo		Measure Name
Text	Measure ID	Measure ID
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HQI_NATIONAL_SPP	Medicare Hospital Spending per Patient – National.csv
<b>Description</b>	Healthcare-Associated Infections measures national results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Memo		Measure Name
Text(50)	Measure ID	Measure ID
Memo	Score	Score
Memo	Footnote	Footnote
Text(10)	Measure Start Date	Measure Start Date
Text(10)	Measure End Date	Measure End Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_ami_02_25_2014	Hvbp_ami_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	AMI-7a Performance Rate	AMI-7a Performance Rate
Text(255)	AMI-7a Achievement Points	AMI-7a Achievement Points
Text(255)	AMI-7a Improvement Points	AMI-7a Improvement Points
Text(255)	AMI-7a Measure Score	AMI-7a Measure Score
Text(255)	AMI-8a Performance Rate	AMI-8a Performance Rate
Text(255)	AMI-8a Achievement Points	AMI-8a Achievement Points
Text(255)	AMI-8a Improvement Points	AMI-8a Improvement Points
Text(255)	AMI-8a Measure Score	AMI-8a Measure Score
Text(255)	AMI Condition/Procedure Score	AMI Condition/Procedure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_hai_02_25_2014	Hvbp_hai_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	SCIP-Inf-1 Performance Rate	SCIP-Inf-1 Performance Rate
Text(255)	SCIP-Inf-1 Achievement Points	SCIP-Inf-1 Achievement Points
Text(255)	SCIP-Inf-1 Improvement Points	SCIP-Inf-1 Improvement Points
Text(255)	SCIP-Inf-1 Measure Score	SCIP-Inf-1 Measure Score
Text(255)	SCIP-Inf-2 Performance Rate	SCIP-Inf-2 Performance Rate
Text(255)	SCIP-Inf-2 Achievement Points	SCIP-Inf-2 Achievement Points
Text(255)	SCIP-Inf-2 Improvement Points	SCIP-Inf-2 Improvement Points
Text(255)	SCIP-Inf-2 Measure Score	SCIP-Inf-2 Measure Score
Text(255)	SCIP-Inf-3 Performance Rate	SCIP-Inf-3 Performance Rate
Text(255)	SCIP-Inf-3 Achievement Points	SCIP-Inf-3 Achievement Points
Text(255)	SCIP-Inf-3 Improvement Points	SCIP-Inf-3 Improvement Points
Text(255)	SCIP-Inf-3 Measure Score	SCIP-Inf-3 Measure Score
Text(255)	SCIP-Inf-4 Performance Rate	SCIP-Inf-4 Performance Rate
Text(255)	SCIP-Inf-4 Achievement Points	SCIP-Inf-4 Achievement Points
Text(255)	SCIP-Inf-4 Improvement Points	SCIP-Inf-4 Improvement Points
Text(255)	SCIP-Inf-4 Measure Score	SCIP-Inf-4 Measure Score
Text(255)	SCIP-Inf-9 Performance Rate	SCIP-Inf-9 Performance Rate
Text(255)	SCIP-Inf-9 Achievement Points	SCIP-Inf-9 Achievement Points
Text(255)	SCIP-Inf-9 Improvement Points	SCIP-Inf-9 Improvement Points
Text(255)	SCIP-Inf-9 Measure Score	SCIP-Inf-9 Measure Score
Text(255)	HAI Condition/Procedure Score	HAI Condition/Procedure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_hcahps_02_25_2014	Hvbp_hcahps_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing HCAHPS measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	Communication with Nurses Achievement Points	Communication with Nurses Achievement Points
Text(255)	Communication with Nurses Improvement Points	Communication with Nurses Improvement Points
Text(255)	Communication with Nurses Dimension Score	Communication with Nurses Dimension Score
Text(255)	Communication with Doctors Achievement Points	Communication with Doctors Achievement Points
Text(255)	Communication with Doctors Improvement Points	Communication with Doctors Improvement Points
Text(255)	Communication with Doctors Dimension Score	Communication with Doctors Dimension Score
Text(255)	Responsiveness of Hospital Staff Achievement Points	Responsiveness of Hospital Staff Achievement Points
Text(255)	Responsiveness of Hospital Staff Improvement Points	Responsiveness of Hospital Staff Improvement Points
Text(255)	Responsiveness of Hospital Staff Dimension Score	Responsiveness of Hospital Staff Dimension Score
Text(255)	Pain Management Achievement Points	Pain Management Achievement Points
Text(255)	Pain Management Improvement Points	Pain Management Improvement Points
Text(255)	Pain Management Dimension Score	Pain Management Dimension Score
Text(255)	Communication about Medicines Achievement Points	Communication about Medicines Achievement Points
Text(255)	Communication about Medicines Improvement Points	Communication about Medicines Improvement Points
Text(255)	Communication about Medicines Dimension Score	Communication about Medicines Dimension Score
Text(255)	Cleanliness and Quietness of Hospital Environment Achievement Po	Cleanliness and Quietness of Hospital Environment Achievement Po
Text(255)	Cleanliness and Quietness of Hospital Environment Improvement Po	Cleanliness and Quietness of Hospital Environment Improvement Po
Text(255)	Cleanliness and Quietness of Hospital Environment Dimension Scor	Cleanliness and Quietness of Hospital Environment Dimension Scor
Text(255)	Discharge Information Achievement Points	Discharge Information Achievement Points
Text(255)	Discharge Information Improvement Points	Discharge Information Improvement Points
Text(255)	Discharge Information Dimension Score	Discharge Information Dimension Score
Text(255)	Overall Rating of Hospital Achievement Points	Overall Rating of Hospital Achievement Points
Text(255)	Overall Rating of Hospital Improvement Points	Overall Rating of Hospital Improvement Points
Text(255)	Overall Rating of Hospital Dimension Score	Overall Rating of Hospital Dimension Score
Text(255)	HCAHPS Base Score	HCAHPS Base Score
Text(255)	HCAHPS Consistency Score	HCAHPS Consistency Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_hf_02_25_2014	Hvbp_hf_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Heart Failure measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	HF-1 Performance Rate	HF-1 Performance Rate
Text(255)	HF-1 Achievement Points	HF-1 Achievement Points
Text(255)	HF-1 Improvement Points	HF-1 Improvement Points
Text(255)	HF-1 Measure Score	HF-1 Measure Score
Text(255)	HF Condition/Procedure Score	HF Condition/Procedure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_pn_02_25_2014	Hvbp_pn_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	PN-3b Performance Rate	PN-3b Performance Rate
Text(255)	PN-3b Achievement Points	PN-3b Achievement Points
Text(255)	PN-3b Improvement Points	PN-3b Improvement Points
Text(255)	PN-3b Measure Score	PN-3b Measure Score
Text(255)	PN-6 Performance Rate	PN-6 Performance Rate
Text(255)	PN-6 Achievement Points	PN-6 Achievement Points
Text(255)	PN-6 Improvement Points	PN-6 Improvement Points
Text(255)	PN-6 Measure Score	PN-6 Measure Score
Text(255)	PN Condition/Procedure Score	PN Condition/Procedure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_scip_02_25_2014	Hvbp_scip_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	SCIP-Card-2 Performance Rate	SCIP-Card-2 Performance Rate
Text(255)	SCIP-Card-2 Achievement Points	SCIP-Card-2 Achievement Points
Text(255)	SCIP-Card-2 Improvement Points	SCIP-Card-2 Improvement Points
Text(255)	SCIP-Card-2 Measure Score	SCIP-Card-2 Measure Score
Text(255)	SCIP-VTE-1 Performance Rate	SCIP-VTE-1 Performance Rate
Text(255)	SCIP-VTE-1 Achievement Points	SCIP-VTE-1 Achievement Points
Text(255)	SCIP-VTE-1 Improvement Points	SCIP-VTE-1 Improvement Points
Text(255)	SCIP-VTE-1 Measure Score	SCIP-VTE-1 Measure Score
Text(255)	SCIP-VTE-2 Performance Rate	SCIP-VTE-2 Performance Rate
Text(255)	SCIP-VTE-2 Achievement Points	SCIP-VTE-2 Achievement Points
Text(255)	SCIP-VTE-2 Improvement Points	SCIP-VTE-2 Improvement Points
Text(255)	SCIP-VTE-2 Measure Score	SCIP-VTE-2 Measure Score
Text(255)	SCIP Condition/Procedure Score	SCIP Condition/Procedure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_tps_02_25_2014	Hvbp_tps_02_25_2014.csv
<b>Description</b>	Overall performance score for Hospital Value-Based Purchasing	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	Unweighted Normalized Clinical Process of Care Domain Score	Unweighted Normalized Clinical Process of Care Domain Score
Text(255)	Weighted Clinical Process of Care Domain Score	Weighted Clinical Process of Care Domain Score
Text(255)	Unweighted Patient Experience of Care Domain Score	Unweighted Patient Experience of Care Domain Score
Text(255)	Weighted Patient Experience of Care Domain Score	Weighted Patient Experience of Care Domain Score
Text(255)	Unweighted Normalized Outcome Domain Score	Unweighted Normalized Outcome Domain Score
Text(255)	Weighted Outcome Domain Score	Weighted Outcome Domain Score
Text(255)	Total Performance Score	Total Performance Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_outcome_02_25_2014	Hvbp_outcome_02_25_2014.csv
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Outcome measures results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider Number	Provider Number
Text(255)	Hospital Name	Hospital Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP Code	ZIP Code
Text(255)	County Name	County Name
Text(255)	MORT-30-AMI Performance Rate	MORT-30-AMI Performance Rate
Text(255)	MORT-30-AMI Achievement Points	MORT-30-AMI Achievement Points
Text(255)	MORT-30-AMI Improvement Points	MORT-30-AMI Improvement Points
Text(255)	MORT-30-AMI Measure Score	MORT-30-AMI Measure Score
Text(255)	MORT-30-HF Performance Rate	MORT-30-HF Performance Rate
Text(255)	MORT-30-HF Achievement Points	MORT-30-HF Achievement Points
Text(255)	MORT-30-HF Improvement Points	MORT-30-HF Improvement Points
Text(255)	MORT-30-HF Measure Score	MORT-30-HF Measure Score
Text(255)	MORT-30-PN Performance Rate	MORT-30-PN Performance Rate
Text(255)	MORT-30-PN Achievement Points	MORT-30-PN Achievement Points
Text(255)	MORT-30-PN Improvement Points	MORT-30-PN Improvement Points
Text(255)	MORT-30-PN Measure Score	MORT-30-PN Measure Score

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	Hvbp_quarters	Hvbp_quarters.csv
<b>Description</b>	The performance period and baseline period for Hospital Value-Based Purchasing	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Measure ID	Measure ID
Text(255)	Measure Description	Measure Description
Text(255)	Baseline Period	Baseline Period
Text(255)	Performance Period	Performance Period

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	Provider_Number	Provider_Number
Text(255)	Hospital_Name	Hospital_Name
Text(255)	Address	Address
Text(255)	City	City
Text(255)	State	State
Text(255)	ZIP_Code	ZIP_Code
Text(255)	County_Name	County_Name
Text(255)	HBIPS-2_Measure_Description	HBIPS-2_Measure_Description
Text(255)	HBIPS-2_Overall_Rate_Per_1000	HBIPS-2_Overall_Rate_Per_1000
Text(255)	HBIPS-2_Overall_Num	HBIPS-2_Overall_Num
Text(255)	HBIPS-2_Overall_Den	HBIPS-2_Overall_Den
Text(255)	HBIPS-2_Overall_Footnote	HBIPS-2_Overall_Footnote

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	HBIPS-2_1-12_Rate_Per_1000	HBIPS-2_1-12_Rate_Per_1000
Text(255)	HBIPS-2_1-12_Num	HBIPS-2_1-12_Num
Text(255)	HBIPS-2_1-12_Den	HBIPS-2_1-12_Den
Text(255)	HBIPS-2_1-12_Footnote	HBIPS-2_1-12_Footnote
Text(255)	HBIPS-2_13-17_Rate_Per_1000	HBIPS-2_13-17_Rate_Per_1000
Text(255)	HBIPS-2_13-17_Num	HBIPS-2_13-17_Num
Text(255)	HBIPS-2_13-17_Den	HBIPS-2_13-17_Den
Text(255)	HBIPS-2_13-17_Footnote	HBIPS-2_13-17_Footnote
Text(255)	HBIPS-2_18-64_Rate_Per_1000	HBIPS-2_18-64_Rate_Per_1000
Text(255)	HBIPS-2_18-64_Num	HBIPS-2_18-64_Num
Text(255)	HBIPS-2_18-64_Den	HBIPS-2_18-64_Den
Text(255)	HBIPS-2_18-64_Footnote	HBIPS-2_18-64_Footnote
Text(255)	HBIPS-2_65_Over_Rate_Per_1000	HBIPS-2_65_Over_Rate_Per_1000
Text(255)	HBIPS-2_65_Over_Num	HBIPS-2_65_Over_Num
Text(255)	HBIPS-2_65_Over_Den	HBIPS-2_65_Over_Den
Text(255)	HBIPS-2_65_Over_Footnote	HBIPS-2_65_Over_Footnote
Text(255)	HBIPS-3_Measure_Description	HBIPS-3_Measure_Description
Text(255)	HBIPS-3_Overall_Rate_Per_1000	HBIPS-3_Overall_Rate_Per_1000
Text(255)	HBIPS-3_Overall_Num	HBIPS-3_Overall_Num
Text(255)	HBIPS-3_Overall_Den	HBIPS-3_Overall_Den
Text(255)	HBIPS-3_Overall_Footnote	HBIPS-3_Overall_Footnote
Text(255)	HBIPS-3_1-12_Rate_Per_1000	HBIPS-3_1-12_Rate_Per_1000
Text(255)	HBIPS-3_1-12_Num	HBIPS-3_1-12_Num
Text(255)	HBIPS-3_1-12_Den	HBIPS-3_1-12_Den
Text(255)	HBIPS-3_1-12_Footnote	HBIPS-3_1-12_Footnote
Text(255)	HBIPS-3_13-17_Rate_Per_1000	HBIPS-3_13-17_Rate_Per_1000
Text(255)	HBIPS-3_13-17_Num	HBIPS-3_13-17_Num
Text(255)	HBIPS-3_13-17_Den	HBIPS-3_13-17_Den
Text(255)	HBIPS-3_13-17_Footnote	HBIPS-3_13-17_Footnote
Text(255)	HBIPS-3_13-17_Num	HBIPS-3_13-17_Num
Text(255)	HBIPS-3_13-17_Den	HBIPS-3_13-17_Den
Text(255)	HBIPS-3_13-17_Footnote	HBIPS-3_13-17_Footnote
Text(255)	HBIPS-3_18-64_Rate_Per_1000	HBIPS-3_18-64_Rate_Per_1000
Text(255)	HBIPS-3_18-64_Num	HBIPS-3_18-64_Num
Text(255)	HBIPS-3_18-64_Den	HBIPS-3_18-64_Den
Text(255)	HBIPS-3_18-64_Footnote	HBIPS-3_18-64_Footnote
Text(255)	HBIPS-3_65_Over_Rate_Per_1000	HBIPS-3_65_Over_Rate_Per_1000
Text(255)	HBIPS-3_65_Over_Num	HBIPS-3_65_Over_Num
Text(255)	HBIPS-3_65_Over_Den	HBIPS-3_65_Over_Den
Text(255)	HBIPS-3_65_Over_Footnote	HBIPS-3_65_Over_Footnote
Text(255)	HBIPS-4_Measure_Description	HBIPS-4_Measure_Description
Text(255)	HBIPS-4_Overall_%_of_Total	HBIPS-4_Overall_%_of_Total
Text(255)	HBIPS-4_Overall_Num	HBIPS-4_Overall_Num
Text(255)	HBIPS-4_Overall_Den	HBIPS-4_Overall_Den
Text(255)	HBIPS-4_Overall_Footnote	HBIPS-4_Overall_Footnote
Text(255)	HBIPS-4_1-12_%_of_Total	HBIPS-4_1-12_%_of_Total
Text(255)	HBIPS-4_1-12_Num	HBIPS-4_1-12_Num
Text(255)	HBIPS-4_1-12_Den	HBIPS-4_1-12_Den

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	HBIPS-4_1-12_Footnote	HBIPS-4_1-12_Footnote
Text(255)	HBIPS-4_13-17_%_of_Total	HBIPS-4_13-17_%_of_Total
Text(255)	HBIPS-4_13-17_Num	HBIPS-4_13-17_Num
Text(255)	HBIPS-4_13-17_Den	HBIPS-4_13-17_Den
Text(255)	HBIPS-4_13-17_Footnote	HBIPS-4_13-17_Footnote
Text(255)	HBIPS-4_18-64_%_of_Total	HBIPS-4_18-64_%_of_Total
Text(255)	HBIPS-4_18-64_Num	HBIPS-4_18-64_Num
Text(255)	HBIPS-4_18-64_Num	HBIPS-4_18-64_Num
Text(255)	HBIPS-4_18-64_Footnote	HBIPS-4_18-64_Footnote
Text(255)	HBIPS-4_65_Over_%_of_Total	HBIPS-4_65_Over_%_of_Total
Text(255)	HBIPS-4_65_Over_Num	HBIPS-4_65_Over_Num
Text(255)	HBIPS-4_65_Over_Den	HBIPS-4_65_Over_Den
Text(255)	HBIPS-4_65_Over_Footnote	HBIPS-4_65_Over_Footnote
Text(255)	HBIPS-5_Measure_Description	HBIPS-5_Measure_Description
Text(255)	HBIPS-5_Overall_%_of_Total	HBIPS-5_Overall_%_of_Total
Text(255)	HBIPS-5_Overall_Num	HBIPS-5_Overall_Num
Text(255)	HBIPS-5_Overall_Den	HBIPS-5_Overall_Den
Text(255)	HBIPS-5_Overall_Footnote	HBIPS-5_Overall_Footnote
Text(255)	HBIPS-5_1-12_%_of_Total	HBIPS-5_1-12_%_of_Total
Text(255)	HBIPS-5_1-12_Num	HBIPS-5_1-12_Num
Text(255)	HBIPS-5_1-12_Den	HBIPS-5_1-12_Den
Text(255)	HBIPS-5_1-12_Footnote	HBIPS-5_1-12_Footnote
Text(255)	HBIPS-5_13-17_%_of_Total	HBIPS-5_13-17_%_of_Total
Text(255)	HBIPS-5_13-17_Num	HBIPS-5_13-17_Num
Text(255)	HBIPS-5_13-17_Den	HBIPS-5_13-17_Den
Text(255)	HBIPS-5_13-17_Footnote	HBIPS-5_13-17_Footnote
Text(255)	HBIPS-5_18-64_%_of_Total	HBIPS-5_18-64_%_of_Total
Text(255)	HBIPS-5_18-64_Num	HBIPS-5_18-64_Num
Text(255)	HBIPS-5_18-64_Den	HBIPS-5_18-64_Den
Text(255)	HBIPS-5_18-64_Footnote	HBIPS-5_18-64_Footnote
Text(255)	HBIPS-5_65_Over_%_of_Total	HBIPS-5_65_Over_%_of_Total
Text(255)	HBIPS-5_65_Over_Num	HBIPS-5_65_Over_Num
Text(255)	HBIPS-5_65_Over_Den	HBIPS-5_65_Over_Den
Text(255)	HBIPS-5_65_Over_Footnote	HBIPS-5_65_Over_Footnote
Text(255)	HBIPS-6_Measure_Description	HBIPS-6_Measure_Description
Text(255)	HBIPS-6_Overall_%_of_Total	HBIPS-6_Overall_%_of_Total
Text(255)	HBIPS-6_Overall_Num	HBIPS-6_Overall_Num
Text(255)	HBIPS-6_Overall_Den	HBIPS-6_Overall_Den
Text(255)	HBIPS-6_Overall_Footnote	HBIPS-6_Overall_Footnote
Text(255)	HBIPS-6_1-12_%_of_Total	HBIPS-6_1-12_%_of_Total
Text(255)	HBIPS-6_1-12_Num	HBIPS-6_1-12_Num
Text(255)	HBIPS-6_1-12_Den	HBIPS-6_1-12_Den
Text(255)	HBIPS-6_1-12_Footnote	HBIPS-6_1-12_Footnote
Text(255)	HBIPS-6_13-17_%_of_Total	HBIPS-6_13-17_%_of_Total
Text(255)	HBIPS-6_13-17_Num	HBIPS-6_13-17_Num
Text(255)	HBIPS-6_13-17_Den	HBIPS-6_13-17_Den
Text(255)	HBIPS-6_13-17_Footnote	HBIPS-6_13-17_Footnote
Text(255)	HBIPS-6_18-64_%_of_Total	HBIPS-6_18-64_%_of_Total

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	HBIPS-6_18-64_Num	HBIPS-6_18-64_Num
Text(255)	HBIPS-6_18-64_Den	HBIPS-6_18-64_Den
Text(255)	HBIPS-6_18-64_Footnote	HBIPS-6_18-64_Footnote
Text(255)	HBIPS-6_65_Over_%_of_Total	HBIPS-6_65_Over_%_of_Total
Text(255)	HBIPS-6_65_Over_Num	HBIPS-6_65_Over_Num
Text(255)	HBIPS-6_65_Over_Den	HBIPS-6_65_Over_Den
Text(255)	HBIPS-6_65_Over_Footnote	HBIPS-6_65_Over_Footnote
Text(255)	HBIPS-7_Measure_Description	HBIPS-7_Measure_Description
Text(255)	HBIPS-7_Overall_%_of_Total	HBIPS-7_Overall_%_of_Total
Text(255)	HBIPS-7_Overall_Num	HBIPS-7_Overall_Num
Text(255)	HBIPS-7_Overall_Den	HBIPS-7_Overall_Den
Text(255)	HBIPS-7_Overall_Footnote	HBIPS-7_Overall_Footnote
Text(255)	HBIPS-7_1-12_%_of_Total	HBIPS-7_1-12_%_of_Total
Text(255)	HBIPS-7_1-12_Num	HBIPS-7_1-12_Num
Text(255)	HBIPS-7_1-12_Den	HBIPS-7_1-12_Den
Text(255)	HBIPS-7_1-12_Footnote	HBIPS-7_1-12_Footnote
Text(255)	HBIPS-7_13-17_%_of_Total	HBIPS-7_13-17_%_of_Total
Text(255)	HBIPS-7_13-17_Num	HBIPS-7_13-17_Num
Text(255)	HBIPS-7_13-17_Den	HBIPS-7_13-17_Den
Text(255)	HBIPS-7_13-17_Footnote	HBIPS-7_13-17_Footnote
Text(255)	HBIPS-7_18-64_%_of_Total	HBIPS-7_18-64_%_of_Total
Text(255)	HBIPS-7_18-64_Num	HBIPS-7_18-64_Num
Text(255)	HBIPS-7_18-64_Den	HBIPS-7_18-64_Den
Text(255)	HBIPS-7_18-64_Footnote	HBIPS-7_18-64_Footnote
Text(255)	HBIPS-7_65_Over_%_of_Total	HBIPS-7_65_Over_%_of_Total
Text(255)	HBIPS-7_65_Over_Num	HBIPS-7_65_Over_Num
Text(255)	HBIPS-7_65_Over_Den	HBIPS-7_65_Over_Den
Text(255)	HBIPS-7_65_Over_Footnote	HBIPS-7_65_Over_Footnote
Text(255)	Start_Date	Start_Date
Text(255)	End_Date	End_Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	N_HBIPS-2_Measure_Description	N_HBIPS-2_Measure_Description
Text(255)	N_HBIPS-2_Overall_Rate_Per_1000	N_HBIPS-2_Overall_Rate_Per_1000
Text(255)	N_HBIPS-2_Overall_Num	N_HBIPS-2_Overall_Num
Text(255)	N_HBIPS-2_Overall_Den	N_HBIPS-2_Overall_Den
Text(255)	N_HBIPS-2_1-12_Rate_Per_1000	N_HBIPS-2_1-12_Rate_Per_1000
Text(255)	N_HBIPS-2_1-12_Num	N_HBIPS-2_1-12_Num
Text(255)	N_HBIPS-2_1-12_Den	N_HBIPS-2_1-12_Den
Text(255)	N_HBIPS-2_13-17_Rate_Per_1000	N_HBIPS-2_13-17_Rate_Per_1000
Text(255)	N_HBIPS-2_13-17_Num	N_HBIPS-2_13-17_Num
Text(255)	N_HBIPS-2_13-17_Den	N_HBIPS-2_13-17_Den
Text(255)	N_HBIPS-2_18-64_Rate_Per_1000	N_HBIPS-2_18-64_Rate_Per_1000

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONALcsv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	N_HBIPS-2_18-64_Num	N_HBIPS-2_18-64_Num
Text(255)	N_HBIPS-2_18-64_Den	N_HBIPS-2_18-64_Den
Text(255)	N_HBIPS-2_65_Over_Rate_Per_1000	N_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-2_65_Over_Num	N_HBIPS-2_65_Over_Num
Text(255)	N_HBIPS-2_65_Over_Den	N_HBIPS-2_65_Over_Den
Text(255)	N_HBIPS-3_Measure_Description	N_HBIPS-3_Measure_Description
Text(255)	N_HBIPS-3_Overall_Rate_Per_1000	N_HBIPS-3_Overall_Rate_Per_1000
Text(255)	N_HBIPS-3_Overall_Num	N_HBIPS-3_Overall_Num
Text(255)	N_HBIPS-3_Overall_Den	N_HBIPS-3_Overall_Den
Text(255)	N_HBIPS-3_1-12_Rate_Per_1000	N_HBIPS-3_1-12_Rate_Per_1000
Text(255)	N_HBIPS-3_1-12_Num	N_HBIPS-3_1-12_Num
Text(255)	N_HBIPS-3_1-12_Den	N_HBIPS-3_1-12_Den
Text(255)	N_HBIPS-3_13-17_Rate_Per_1000	N_HBIPS-3_13-17_Rate_Per_1000
Text(255)	N_HBIPS-3_13-17_Num	N_HBIPS-3_13-17_Num
Text(255)	N_HBIPS-3_13-17_Den	N_HBIPS-3_13-17_Den
Text(255)	N_HBIPS-3_18-64_Rate_Per_1000	N_HBIPS-3_18-64_Rate_Per_1000
Text(255)	N_HBIPS-3_18-64_Num	N_HBIPS-3_18-64_Num
Text(255)	N_HBIPS-3_18-64_Den	N_HBIPS-3_18-64_Den
Text(255)	N_HBIPS-3_65_Over_Rate_Per_1000	N_HBIPS-3_65_Over_Rate_Per_1000
Text(255)	N_HBIPS-3_65_Over_Num	N_HBIPS-3_65_Over_Num
Text(255)	N_HBIPS-3_65_Over_Den	N_HBIPS-3_65_Over_Den
Text(255)	N_HBIPS-4_Measure_Description	N_HBIPS-4_Measure_Description
Text(255)	N_HBIPS-4_Overall_%_of_Total	N_HBIPS-4_Overall_%_of_Total
Text(255)	N_HBIPS-4_Overall_Num	N_HBIPS-4_Overall_Num
Text(255)	N_HBIPS-4_Overall_Den	N_HBIPS-4_Overall_Den
Text(255)	N_HBIPS-4_1-12_%_of_Total	N_HBIPS-4_1-12_%_of_Total
Text(255)	N_HBIPS-4_1-12_Num	N_HBIPS-4_1-12_Num
Text(255)	N_HBIPS-4_1-12_Den	N_HBIPS-4_1-12_Den
Text(255)	N_HBIPS-4_13-17_%_of_Total	N_HBIPS-4_13-17_%_of_Total
Text(255)	N_HBIPS-4_13-17_Num	N_HBIPS-4_13-17_Num
Text(255)	N_HBIPS-4_13-17_Den	N_HBIPS-4_13-17_Den
Text(255)	N_HBIPS-4_18-64_%_of_Total	N_HBIPS-4_18-64_%_of_Total
Text(255)	N_HBIPS-4_18-64_Num	N_HBIPS-4_18-64_Num
Text(255)	N_HBIPS-4_18-64_Den	N_HBIPS-4_18-64_Den
Text(255)	N_HBIPS-4_65_Over_%_of_Total	N_HBIPS-4_65_Over_%_of_Total
Text(255)	N_HBIPS-4_65_Over_Num	N_HBIPS-4_65_Over_Num
Text(255)	N_HBIPS-4_65_Over_Den	N_HBIPS-4_65_Over_Den
Text(255)	N_HBIPS-5_Measure_Description	N_HBIPS-5_Measure_Description
Text(255)	N_HBIPS-5_Overall_%_of_Total	N_HBIPS-5_Overall_%_of_Total
Text(255)	N_HBIPS-5_Overall_Num	N_HBIPS-5_Overall_Num
Text(255)	N_HBIPS-5_Overall_Den	N_HBIPS-5_Overall_Den
Text(255)	N_HBIPS-5_1-12_%_of_Total	N_HBIPS-5_1-12_%_of_Total
Text(255)	N_HBIPS-5_1-12_Num	N_HBIPS-5_1-12_Num
Text(255)	N_HBIPS-5_1-12_Den	N_HBIPS-5_1-12_Den
Text(255)	N_HBIPS-5_13-17_%_of_Total	N_HBIPS-5_13-17_%_of_Total
Text(255)	N_HBIPS-5_13-17_Num	N_HBIPS-5_13-17_Num
Text(255)	N_HBIPS-5_13-17_Den	N_HBIPS-5_13-17_Den
Text(255)	N_HBIPS-5_18-64_%_of_Total	N_HBIPS-5_18-64_%_of_Total

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	N_HBIPS-5_18-64_Num	N_HBIPS-5_18-64_Num
Text(255)	N_HBIPS-5_18-64_Den	N_HBIPS-5_18-64_Den
Text(255)	N_HBIPS-5_65_Over_%_of_Total	N_HBIPS-5_65_Over_%_of_Total
Text(255)	N_HBIPS-5_65_Over_Num	N_HBIPS-5_65_Over_Num
Text(255)	N_HBIPS-5_65_Over_Den	N_HBIPS-5_65_Over_Den
Text(255)	N_HBIPS-6_Measure_Description	N_HBIPS-6_Measure_Description
Text(255)	N_HBIPS-6_Overall_%_of_Total	N_HBIPS-6_Overall_%_of_Total
Text(255)	N_HBIPS-6_Overall_Num	N_HBIPS-6_Overall_Num
Text(255)	N_HBIPS-6_Overall_Den	N_HBIPS-6_Overall_Den
Text(255)	N_HBIPS-6_1-12_%_of_Total	N_HBIPS-6_1-12_%_of_Total
Text(255)	N_HBIPS-6_1-12_Num	N_HBIPS-6_1-12_Num
Text(255)	N_HBIPS-6_1-12_Den	N_HBIPS-6_1-12_Den
Text(255)	N_HBIPS-6_13-17_%_of_Total	N_HBIPS-6_13-17_%_of_Total
Text(255)	N_HBIPS-6_13-17_Num	N_HBIPS-6_13-17_Num
Text(255)	N_HBIPS-6_13-17_Den	N_HBIPS-6_13-17_Den
Text(255)	N_HBIPS-6_18-64_%_of_Total	N_HBIPS-6_18-64_%_of_Total
Text(255)	N_HBIPS-6_18-64_Num	N_HBIPS-6_18-64_Num
Text(255)	N_HBIPS-6_18-64_Den	N_HBIPS-6_18-64_Den
Text(255)	N_HBIPS-6_65_Over_%_of_Total	N_HBIPS-6_65_Over_%_of_Total
Text(255)	N_HBIPS-6_65_Over_Num	N_HBIPS-6_65_Over_Num
Text(255)	N_HBIPS-6_65_Over_Den	N_HBIPS-6_65_Over_Den
Text(255)	N_HBIPS-7_Measure_Description	N_HBIPS-7_Measure_Description
Text(255)	N_HBIPS-7_Overall_%_of_Total	N_HBIPS-7_Overall_%_of_Total
Text(255)	N_HBIPS-7_Overall_Num	N_HBIPS-7_Overall_Num
Text(255)	N_HBIPS-7_Overall_Den	N_HBIPS-7_Overall_Den
Text(255)	N_HBIPS-7_1-12_%_of_Total	N_HBIPS-7_1-12_%_of_Total
Text(255)	N_HBIPS-7_1-12_Num	N_HBIPS-7_1-12_Num
Text(255)	N_HBIPS-7_1-12_Den	N_HBIPS-7_1-12_Den
Text(255)	N_HBIPS-7_13-17_%_of_Total	N_HBIPS-7_13-17_%_of_Total
Text(255)	N_HBIPS-7_13-17_Num	N_HBIPS-7_13-17_Num
Text(255)	N_HBIPS-7_13-17_Den	N_HBIPS-7_13-17_Den
Text(255)	N_HBIPS-7_18-64_%_of_Total	N_HBIPS-7_18-64_%_of_Total
Text(255)	N_HBIPS-7_18-64_Num	N_HBIPS-7_18-64_Num
Text(255)	N_HBIPS-7_18-64_Den	N_HBIPS-7_18-64_Den
Text(255)	N_HBIPS-7_65_Over_%_of_Total	N_HBIPS-7_65_Over_%_of_Total
Text(255)	N_HBIPS-7_65_Over_Num	N_HBIPS-7_65_Over_Num
Text(255)	N_HBIPS-7_65_Over_Den	N_HBIPS-7_65_Over_Den
Text(255)	Start_Date	Start_Date
Text(255)	End_Date	End_Date

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	State	State
Text(255)	S_HBIPS-2_Measure_Description	S_HBIPS-2_Measure_Description

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	S_HBIPS-2_Overall_Rate_Per_1000	S_HBIPS-2_Overall_Rate_Per_1000
Text(255)	S_HBIPS-2_Overall_Num	S_HBIPS-2_Overall_Num
Text(255)	S_HBIPS-2_Overall_Den	S_HBIPS-2_Overall_Den
Text(255)	S_HBIPS-2_1-12_Rate_Per_1000	S_HBIPS-2_1-12_Rate_Per_1000
Text(255)	S_HBIPS-2_1-12_Num	S_HBIPS-2_1-12_Num
Text(255)	S_HBIPS-2_1-12_Den	S_HBIPS-2_1-12_Den
Text(255)	S_HBIPS-2_13-17_Rate_Per_1000	S_HBIPS-2_13-17_Rate_Per_1000
Text(255)	S_HBIPS-2_13-17_Num	S_HBIPS-2_13-17_Num
Text(255)	S_HBIPS-2_13-17_Den	S_HBIPS-2_13-17_Den
Text(255)	S_HBIPS-2_18-64_Rate_Per_1000	S_HBIPS-2_18-64_Rate_Per_1000
Text(255)	S_HBIPS-2_18-64_Num	S_HBIPS-2_18-64_Num
Text(255)	S_HBIPS-2_18-64_Den	S_HBIPS-2_18-64_Den
Text(255)	S_HBIPS-2_65_Over_Rate_Per_1000	S_HBIPS-2_65_Over_Rate_Per_1000
Text(255)	S_HBIPS-2_65_Over_Num	S_HBIPS-2_65_Over_Num
Text(255)	S_HBIPS-2_65_Over_Den	S_HBIPS-2_65_Over_Den
Text(255)	S_HBIPS-3_Measure_Description	S_HBIPS-3_Measure_Description
Text(255)	S_HBIPS-3_Overall_Rate_Per_1000	S_HBIPS-3_Overall_Rate_Per_1000
Text(255)	S_HBIPS-3_Overall_Num	S_HBIPS-3_Overall_Num
Text(255)	S_HBIPS-3_Overall_Den	S_HBIPS-3_Overall_Den
Text(255)	S_HBIPS-3_1-12_Rate_Per_1000	S_HBIPS-3_1-12_Rate_Per_1000
Text(255)	S_HBIPS-3_1-12_Num	S_HBIPS-3_1-12_Num
Text(255)	S_HBIPS-3_1-12_Den	S_HBIPS-3_1-12_Den
Text(255)	S_HBIPS-3_13-17_Rate_Per_1000	S_HBIPS-3_13-17_Rate_Per_1000
Text(255)	S_HBIPS-3_13-17_Num	S_HBIPS-3_13-17_Num
Text(255)	S_HBIPS-3_13-17_Den	
Text(255)	S_HBIPS-3_18-64_Rate_Per_1000	S_HBIPS-3_18-64_Rate_Per_1000
Text(255)	S_HBIPS-3_18-64_Num	S_HBIPS-3_18-64_Num
Text(255)	S_HBIPS-3_18-64_Den	S_HBIPS-3_18-64_Den
Text(255)	S_HBIPS-3_65_Over_Rate_Per_1000	S_HBIPS-3_65_Over_Rate_Per_1000
Text(255)	S_HBIPS-3_65_Over_Num	S_HBIPS-3_65_Over_Num
Text(255)	S_HBIPS-3_65_Over_Den	S_HBIPS-3_65_Over_Den
Text(255)	S_HBIPS-4_Measure_Description	S_HBIPS-4_Measure_Description
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Text(255)	S_HBIPS-4_1-12_Num	S_HBIPS-4_1-12_Num
Text(255)	S_HBIPS-4_1-12_Den	S_HBIPS-4_1-12_Den
Text(255)	S_HBIPS-4_13-17_%_of_Total	S_HBIPS-4_13-17_%_of_Total
Text(255)	S_HBIPS-4_13-17_Num	S_HBIPS-4_13-17_Num
Text(255)	S_HBIPS-4_13-17_Den	S_HBIPS-4_13-17_Den
Text(255)	S_HBIPS-4_18-64_%_of_Total	S_HBIPS-4_18-64_%_of_Total
Text(255)	S_HBIPS-4_18-64_Num	S_HBIPS-4_18-64_Num
Text(255)	S_HBIPS-4_18-64_Den	S_HBIPS-4_18-64_Den
Text(255)	S_HBIPS-4_65_Over_%_of_Total	S_HBIPS-4_65_Over_%_of_Total
Text(255)	S_HBIPS-4_65_Over_Num	S_HBIPS-4_65_Over_Num
Text(255)	S_HBIPS-4_65_Over_Den	S_HBIPS-4_65_Over_Den
Text(255)	S_HBIPS-5_Measure_Description	S_HBIPS-5_Measure_Description

<b>Table Name</b> <i>(Back to Table Listing)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	S_HBIPS-5_%_of_Total	S_HBIPS-5_%_of_Total
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Text(255)	S_HBIPS-5_Overall_Den	S_HBIPS-5_Overall_Den
Text(255)	S_HBIPS-5_1-12_%_of_Total	S_HBIPS-5_1-12_%_of_Total
Text(255)	S_HBIPS-5_1-12_Num	S_HBIPS-5_1-12_Num
Text(255)	S_HBIPS-5_1-12_Den	S_HBIPS-5_1-12_Den
Text(255)	S_HBIPS-5_13-17_%_of_Total	S_HBIPS-5_13-17_%_of_Total
Text(255)	S_HBIPS-5_13-17_Num	S_HBIPS-5_13-17_Num
Text(255)	S_HBIPS-5_13-17_Den	S_HBIPS-5_13-17_Den
Text(255)	S_HBIPS-5_18-64_%_of_Total	S_HBIPS-5_18-64_%_of_Total
Text(255)	S_HBIPS-5_18-64_Num	S_HBIPS-5_18-64_Num
Text(255)	S_HBIPS-5_18-64_Den	S_HBIPS-5_18-64_Den
Text(255)	S_HBIPS-5_65_%_of_Total	S_HBIPS-5_65_%_of_Total
Text(255)	S_HBIPS-5_65_Over_Num	S_HBIPS-5_65_Over_Num
Text(255)	S_HBIPS-5_65_Over_Den	S_HBIPS-5_65_Over_Den
Text(255)	S_HBIPS-6_Measure_Description	S_HBIPS-6_Measure_Description
Text(255)	S_HBIPS-6_%_of_Total	S_HBIPS-6_%_of_Total
Text(255)	S_HBIPS-6_Overall_Num	S_HBIPS-6_Overall_Num
Text(255)	S_HBIPS-6_Overall_Den	S_HBIPS-6_Overall_Den
Text(255)	S_HBIPS-6_1-12_%_of_Total	S_HBIPS-6_1-12_%_of_Total
Text(255)	S_HBIPS-6_1-12_Num	S_HBIPS-6_1-12_Num
Text(255)	S_HBIPS-6_1-12_Den	S_HBIPS-6_1-12_Den
Text(255)	S_HBIPS-6_13-17_%_of_Total	S_HBIPS-6_13-17_%_of_Total
Text(255)	S_HBIPS-6_13-17_Num	S_HBIPS-6_13-17_Num
Text(255)	S_HBIPS-6_13-17_Den	S_HBIPS-6_13-17_Den
Text(255)	S_HBIPS-6_18-64_%_of_Total	S_HBIPS-6_18-64_%_of_Total
Text(255)	S_HBIPS-6_18-64_Num	S_HBIPS-6_18-64_Num
Text(255)	S_HBIPS-6_18-64_Den	S_HBIPS-6_18-64_Den
Text(255)	S_HBIPS-6_65_%_of_Total	S_HBIPS-6_65_%_of_Total
Text(255)	S_HBIPS-6_65_Over_Num	S_HBIPS-6_65_Over_Num
Text(255)	S_HBIPS-6_65_Over_Den	S_HBIPS-6_65_Over_Den
Text(255)	S_HBIPS-7_Measure_Description	S_HBIPS-7_Measure_Description
Text(255)	S_HBIPS-7_Overall_%_of_Total	S_HBIPS-7_Overall_%_of_Total
Text(255)	S_HBIPS-7_Overall_Num	S_HBIPS-7_Overall_Num
Text(255)	S_HBIPS-7_Overall_Den	S_HBIPS-7_Overall_Den
Text(255)	S_HBIPS-7_1-12_%_of_Total	S_HBIPS-7_1-12_%_of_Total
Text(255)	S_HBIPS-7_1-12_Num	S_HBIPS-7_1-12_Num
Text(255)	S_HBIPS-7_1-12_Den	S_HBIPS-7_1-12_Den
Text(255)	S_HBIPS-7_13-17_%_of_Total	S_HBIPS-7_13-17_%_of_Total
Text(255)	S_HBIPS-7_13-17_Num	S_HBIPS-7_13-17_Num
Text(255)	S_HBIPS-7_13-17_Den	S_HBIPS-7_13-17_Den
Text(255)	S_HBIPS-7_18-64_%_of_Total	S_HBIPS-7_18-64_%_of_Total
Text(255)	S_HBIPS-7_18-64_Num	S_HBIPS-7_18-64_Num
Text(255)	S_HBIPS-7_18-64_Den	S_HBIPS-7_18-64_Den
Text(255)	S_HBIPS-7_65_%_of_Total	S_HBIPS-7_65_%_of_Total
Text(255)	S_HBIPS-7_65_Over_Num	S_HBIPS-7_65_Over_Num
Text(255)	S_HBIPS-7_65_Over_Den	S_HBIPS-7_65_Over_Den
Text(255)	Start_Date	Start_Date

<b>Table Name</b> <i>(<a href="#">Back to Table Listing</a>)</i>	<b>Access</b>	<b>CSV</b>
	HOSPITAL_QUARTERLY_QUALITYMEASUR E_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASUR E_IPFQR_STATE.csv
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results	
<b>DDB Data Type</b>	<b>Column Name – Access</b>	<b>Column Name - CSV</b>
Text(255)	End_Date	End_Date

## Appendix A – Hospital Compare Measures

The tables below display the location of measures within the corresponding Access table and CSV Revised File.<sup>2</sup>

Access	HQI_HOSP_HCAHPS
CSV	HCAHPS –Hospital.csv
Measure ID	Measure Name
HCAHPS	Patients who reported that their nurses "Always" communicated well
	Patients who reported that their doctors "Always" communicated well
	Patients who reported that they "Always" received help as soon as they wanted
	Patients who reported that their pain was "Always" well controlled
	Patients who reported that staff "Always" explained about medicines before giving it to them
	Patients who reported that their room and bathroom were "Always" clean
	Patients who reported that the area around their room was "Always" quiet at night
	Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home
	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
	Patients who reported YES, they would definitely recommend the hospital

Access	HQI_HOSP_MSR_TimelyEffectiveCare
CSV	Timely and Effective Care – Hospital.csv
Measure ID	Measure Name
AMI-2	Heart Attack Patients Given Aspirin at Discharge
AMI-7a	Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival
AMI-8a	Heart attack patients given PCI within 90 minutes of arrival
AMI-10	Heart attack patients given a prescription for a statin at discharge
CAC-1a	Children Who Received Reliever Medication While Hospitalized for Asthma
CAC-2a	Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma
ED-1b	Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
ED-2b	Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room
HF-1	Heart Failure Patients Given Discharge Instructions
HF-2	Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function
HF-3	Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)
IMM-1a	Patients assessed and given pneumonia vaccination
IMM-2	Patients assessed and given influenza vaccination
OP-1	Median Time to Fibrinolysis. *This measure is only found in the downloadable database and final files
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG
OP-6	Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery
OP-7	Outpatients having surgery who got the right kind of antibiotic
OP-18b	Average time patients spent in the emergency department before being sent home

<sup>2</sup> Please note the Revised CSV Flat File names should mirror Data.Medicare.gov.

Access CSV	HQI_HOSP_MSR_TimelyEffectiveCare Timely and Effective Care – Hospital.csv
Measure ID	Measure Name
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare professional
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication.
OP-22	Percentage of patients who left the emergency department before being seen
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
PC-01	Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary
PN-3b	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)
SCIP-CARD-2	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery
SCIP-Inf-1a	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
SCIP-Inf-2a	Surgery patients who were given the right kind of antibiotic to help prevent infection
SCIP-Inf-3a	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
SCIP-Inf-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery
SCIP-Inf-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery.
SCIP-Inf-10	Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery
SCIP-VTE-2	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery
STK-1	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge
STK-4	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
STK-5	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital
STK-6	Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge
STK-8	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay
STK-10	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services
VTE-1	Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery
VTE-2	Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)
VTE-3	Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time
VTE-4	Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding
VTE-5	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
VTE-6	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

Access	HQI_HOSP_MV
CSV	Medicare Volume – Hospital.csv
Measure ID	Measure Name
MV	Number of Medicare patients treated for selected procedures

Access	HQI_OP_Procedure_Volume
CSV	Outpatient Procedures –Volume.csv
Measure ID	Measure Name
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures

Access	HQI_HOSP_ReadmCompDeath
CSV	Readmissions Complications and Deaths – Hospital.csv
Measure ID	Measure Name
COMP-HIP-KNEE	Rate of complications for hip and knee replacement patients
HAI-1	Central Line-Associated Bloodstream Infection (CLABSI)
HAI-2	Catheter-Associated Urinary Tract Infections (CAUTI)
HAI-3	Surgical Site Infection from colon surgery (SSI: Colon)
HAI-4	Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy)
HAI-5	Methicillin-resistant Staphylococcus Aureus (or MRSA) blood infections (Antibiotic-resistant blood infections)
HAI-6	Clostridium difficile (or C.diff.) infections (Intestinal infections)
MORT-30-AMI	30-day death rate for heart attack patients
MORT-30-HF	30-day death rate for heart failure patients
MORT-30-PN	30-day death rate for pneumonia patients
PSI-4	Deaths among patients with serious treatable complications after surgery
PSI-6	Collapsed lung due to medical treatment
PSI-12	Serious blood clots after surgery
PSI-14	A wound that splits open after surgery on the abdomen or pelvis
PSI-15	Accidental cuts and tears from medical treatment
PSI-90	Serious complications (This is a 'composite or summary measure')
READM-30-AMI	30-day rate of readmission for heart attack patients
READM-30-HF	30-day rate of readmission for heart failure patients
READM-30-PN	30-day rate of readmission for pneumonia patients
READM-30-HIP-KNEE	Rate of readmission for hip and knee replacement patients
READM-30-HOSPWIDE	Rate of readmission after discharge from hospital

Access	HQI_HOSP_STRUCTURAL
CSV	Structural Measures – Hospital.csv
Measure ID	Measure Name
SM_PART_CARD	Cardiac Surgery Registry
SM_PART_STROKE	Stroke Care Registry
SM_PART_NURSE	Nursing Care Registry
SM_PART_GEN_SURG	General Surgery Registry
ACS_REGISTRY	Participates in: multispecialty surgical registry
OP-12	Able to receive lab results electronically
OP-17	Able to track patients' lab results, tests, and referrals electronically between visits
OP-25	Safe Surgery Checklist Use

Access	HQI_HOSP_IMG
CSV	Outpatient Imaging Efficiency – Hospital.csv
Measure ID	Measure Name
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram
OP-11	Outpatient CT scans of the chest that were “combination” (double) scans
OP-10	Outpatient CT scans of the abdomen that were “combination” (double) scans
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time

Access	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
CSV	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
Measure ID	Measure Name
HBIPS-2	Hours of Physical Restraint Use
HBIPS-3	Hours of Seclusion Use
HBIPS-4	Patients Discharged on Multiple Antipsychotic Medications
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
HBIPS-6	Post Discharge Continuing Care Plan Created
HBIPS-7	Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

## Appendix B – HCAHPS Survey Question Listing

### Composite Topics

- Your Care From Nurses (Questions 1, 2, 3,4)
- Your Care From Doctors (Questions 5, 6, 7)
- Your Experiences In This Hospital (Questions 10, 11, 12, 13, 14, 15, 16, 17)
- When You Left The Hospital (Questions 18, 19, 20)

### Individual Topics

- The Hospital Environment (Questions 8, 9)

### Overall Ratings

- Overall Rating Of Hospital (Questions 21, 22)
- Understanding Your Care When You Left The Hospital (Questions 23, 24, 25)
- About You (Questions 26, 27, 28, 29, 30, 31, 32)

#	Question
Q1	During this hospital stay how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay how often did nurses listen carefully to you?
Q3	During this hospital stay how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
Q10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Q12	During this hospital stay, did you need medicine for pain?
Q13	During this hospital stay, how often was your pain well controlled?
Q14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
Q15	During this hospital stay, were you given any medicine that you had not taken before?
Q16	Before giving you any new medicine how often did hospital staff tell you what the medicine was for?
Q17	Before giving you any new medicine how often did hospital staff describe possible side effects in a way you could understand?
Q18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
Q19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
Q20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
Q21	Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
Q22	Would you recommend this hospital to your friends and family?
Q23	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left?

#	Question
Q24	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
Q25	When I left the hospital, I clearly understood the purpose for taking each of my medications.
Q26	During this hospital stay, were you admitted to this hospital through the Emergency Room?
Q27	In general, how would you rate your overall health?
Q28	In general, how would you rate your overall mental or emotional health?
Q29	What is the highest grade or level of school that you have completed?
Q30	Are you of Spanish, Hispanic or Latino origin or descent?
Q31	What is your race? Please choose one or more.
Q32	What language do you mainly speak at home?

## Appendix C – Footnote Crosswalk

The footnote numbers below are associated with the Hospital Compare quality measures:

Hospital Compare Footnote Values		
#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied: <ul style="list-style-type: none"> <li>When the number of cases/patients does not meet the required minimum amount for public reporting;</li> <li>When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or</li> <li>To protect personal health information.</li> </ul>
2	Data submitted were based on a sample of cases/patients.	This footnote indicates that a hospital chose to submit data for a random sample of its cases/patients while following specific rules for how to select the patients.
3	Results are based on a shorter time period than required.	This footnote indicates that the hospital's results were based on data from less than the maximum possible time period generally used to collect data for a measure. View the <a href="#">Hospital Compare Data Collection Periods</a> for more information.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, such as data inaccuracies.
5	Results are not available for this reporting period.	This footnote is applied when the hospital does not have data to report.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital did not have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>Too few hospitals in a state/territory had data available or</li> <li>No data was reported for this state/territory.</li> </ul>
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.
11	There were discrepancies in the data collection process.	This footnote is applied when there have been deviations from data collection protocols. CMS is working to correct this situation.
12	This measure does not apply to this hospital for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>There were zero device days or procedures,</li> <li>The hospital does not have ICU locations,</li> <li>The hospital is a new member of the registry and didn't have an opportunity to submit any cases or</li> <li>The hospital does not report this voluntary measure</li> </ul>
13	Results cannot be calculated for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>The number of predicted infections is less than 1.</li> <li>The number of observed MRSA or Clostridium difficile infections present on admission (community-onset prevalence) was above a pre-determined cut-point on admission (community-onset prevalence) was above a pre-determined cut-point.</li> </ul>

**Hospital Compare Footnote Values**

#	Text	Definition
14	The results for this state are combined with nearby states to protect confidentiality.	This footnote is applied when a state has fewer than 10 hospitals in order to protect confidentiality. Results are combined as follows: (1) the District of Columbia and Delaware are combined; (2) Alaska and Washington are combined; (3) North Dakota and South Dakota are combined; and (4) New Hampshire and Vermont are combined. Hospitals located in Maryland and U.S. territories are excluded from the measure calculation.